



ASK A PRACTICE ADVISOR

by Linda Banerjee, RN, SRNA Practice Advisor

Substance misuse and chemical dependency by nurses

Question: I work in a Long Term Care facility and have concerns that my RN co-worker may have a substance misuse problem. She is often late for work and uses a lot of sick time. I have noticed increasing mood swings and some confusion. She was always such a 'good nurse' but recently her charting is inadequate and she displays poor judgment particularly with medications. Medication errors on her shifts are increasing. What should I do in this situation?

Response: Co-workers are often the first to identify changes or problems in their colleague's practice when there are issues of substance misuse. Substance misuse is the use of drugs or alcohol that can result in legal, social, interpersonal, financial and/or professional problems for the user (CNA, 2002). This issue is as significant for the nursing profession as it is for the general public. Protecting clients from harm is a professional responsibility. It is important for RNs to be aware of signs and symptoms of substance misuse so they can facilitate the necessary help for their colleagues and prevent harm to clients. It may be very difficult and stressful to confront a colleague. RNs are often unsure of how and when to intervene if they suspect their colleague is misusing drugs or chemicals. Addressing the concerns rather than concealing them demonstrates caring for the colleague and advocating for safe client care.

Symptoms alone (such as those stated in the above question) are not necessarily an indication that there is a substance abuse problem. The literature identifies numerous physical signs, behaviours and changes in professional practice that are warning signs of a potential problem. Substance abuse impairs one's ability to practice by affecting communication, assessment, observation and technical skills. If a pattern of symptoms is observed, verbally reported by co-workers or identified in charting discrepancies, intervention must occur (CRNM, 2002). There is a legal and ethical requirement for nursing colleagues and employers to protect the public. Where a RN's ability to give safe care is in question, the RN must not practice until it is safe to do so. You may initiate the first step by taking your colleague aside and expressing your concerns. Encourage her/him to speak to the immediate supervisor about taking a leave in order to seek help. If a colleague denies a problem or is unwilling to seek help, indicate that you will need to report these concerns to her/his supervisor.

The mandate of the SRNA is to protect the public by promoting safe, competent, ethical care by all RNs. In the public interest the SRNA is given legislated authority through the Registered Nurses' Act (1988) to promote good practice and intervene when necessary. Section 26 (1) of the Act identifies addiction as a cause for professional misconduct. Furthermore, a RN who has "failed to report the incompetence of colleagues whose actions endanger the safety of a client" may also be found guilty of professional misconduct (p. 7).

The Standards and Foundation Competencies for the Practice of Registered Nurses (1999) identifies that RNs are accountable to discuss, "as appropriate, unsafe practice or professional misconduct of a health care worker with the individual prior to reporting" (SRNA, 1999, p.7). In addition, the RN also has a responsibility

to report "unsafe practice or professional misconduct of a health care worker to appropriate authorities" (SRNA, 1999, p.7).

The CNA *Code of Ethics* also provides guidance for decision making regarding ethical concerns. RNs are accountable to intervene if there is any possibility of unsafe client care caused by unethical conduct or incompetence of a caregiver. When one has reasonable grounds for concerns about colleague's behavior in any health care setting they need to examine the situation and take steps, either individually or in partnership with others to resolve the problem (CNA, 2002a).

"The SRNA believes that chemical dependency is a legitimate disease like diabetes, cancer or heart disease . . . Those suffering from this illness . . . have a right to access intervention, treatment, aftercare and a life in recovery. The foundation of recovery is abstinence from chemicals and active involvement in a formal, structured intervention treatment program" (O'Hagan, 2005, p.20).

If a member has been reported to the SRNA and following investigation is found to have a substance misuse problem or if a member self identifies an addiction, the member will be asked to voluntarily enter into an agreement with the SRNA. The terms of the agreement identifies specific objectives and the means to achieve the objectives.

Further details about the *Consensual Complaint Resolution Agreement: Dealing with an Addiction/Chemical Dependency* can be found in the Oct/Nov 2005 Newsbulletin, page 20 or online www.srna.org/communications/newsbulletin/bulletin_oct_05.pdf

Packages including prototypes of the Addiction Agreements, information about indicators of addiction, role of the employer, treatment options, and return to work issues are available from the SRNA on request. Contact the Competence Assurance Coordinator Regulatory Services at 1-800-667-9945 (ext. 240).

If you have any questions regarding this topic or any other practice concern please contact a nursing practice advisor by calling Debbie Cummings • Ph:1-800-667-9945 (Ext. 237)

• 359-4237 (Regina) • E-mail: dcummings@srna.org

References:

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